

FORM

(REV. 12-2001)

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	CREDIT INSTITUTION TAX RETURN	(**=***				
FOR	CALENDAR YEAR 2002 — BASED ON THE YEAR 2001 ADI	DRESS CORREC	TION REQUESTED	DUE I	DATE APRIL 15,	2002
NAME						
ADDR	ESS	CITY, STATE, ZIP CODE				
FEDE	RAL EMPLOYER IDENTIFICATION NUMBER / SOCIAL SECURITY NUMBER	COUNTY NUMBER				
Duri	ا ng this taxable year, have you been notified of a change in your fec	deral net income ta	axes for any prior perio	od?	Yes □ No	
	s, submit schedule of changes.)		- DE ATTAQUED TO	TI 110 D	ETUDN	
PAR	E: A COPY OF THE FEDERAL RETURN AND SUPPORTING SO T I	CHEDULES MUS	I BE ATTACHED TO	THIS R	ETURN.	
	Federal taxable income (loss) from Federal Forms 1120, Line 28 or 1120S, Line	21 or Form 1065 Lin	0.22			
١.	or Schedule C, Line 31			1	\$	
	ADDITIONS		,,			
2.	Income from state and/or political subdivision obligations not included in federal Schedule M-1 of the federal return.)			2		
3.	Income from federal government securities not included in federal income			3		
	Charitable contribution claimed on federal return (attach schedule)					
	Bad debt provision claimed on federal return					
	Net bad debt recoveries					
	Missouri credit institution tax deducted on federal return					
	Other additions (attach schedule)		•			
	TOTAL of Lines 1 through 9				¢	
PAR				10	ĮΨ	-
11.	Net bad debt charge offs			11	\$	
12.	Federal income tax deduction (see instructions)			12		
	Other deductions (attach schedule)					
	Total of Lines 11, 12, and 13					
	Total income before charitable contribution deduction (Line 10 less Line 14)					
	Less charitable contribution deduction (Limit is 5% of Line 15)					
	Taxable income (Line 15 less Line 16)				Φ.	
PAR	,			17	Ъ	
	Tax at 7% of Line 17			18	\$	
	Less credits from Line 8				7	
	Tax due					
	Less tentative payment					
	Overpayment of previous year's tax (attach approved credit voucher)					
	Miscellaneous credits (attach schedule)					
	Enterprise zone credit					
22.	Net tax due			22		
23.	Plus interest, 6% per annum of Line 22 for payment after April 15, 2002 $\dots\dots$			23		-
24.	TOTAL AMOUNT DUE			24	\$	

SCHEDULE A — TAXES CLAIMED AS CRE	DITS				
DESCRIPTION (DO NOT LIST TANGIBLE PERSONAL	AMOUNT				
				\$	
				Ψ	+
					+
					-
					+
					-
TOTAL (Enter on Lines 8 and 19, Page 1)				\$	
ADDITIONAL INFORMATION — MUST BE					
List all Missouri offices or locations for which this ret to the total income of the company in Missouri. (Atta-			Tomico. Iniciado ato percentage	, or gross moonie or each o	
Is this return made on the basis of actual receipts are	nd disbursements? If not, des	cribe fully what other b	asis or method was used in co	mputing net income.	
3. State principal source of income  4. If business is a pawnbroker, state what percent of years.	our total business is your loar	business.			
AUTHORIZATION/NON-AUTHORIZATION					
I authorize the Director of Revenue or his/her deleg discuss my return and attachments with the preparer member of his/her firm.	ector of Revenue or his/her de attachments with the preparer	egate or any			
SIGNATURE — PLEASE SIGN BELOW			member of his/her firm.		
	, whose return is	herewith submitted. de	eclare that we have read and	are familiar with all of the	state-
ments contained in this return, including the accompanieturn is a true and complete statement, in accordance	ying schedules (if any) all of	which are true and co	rrect, according to our best known	owledge and belief, and the	at this
SIGNATURE OF OFFICER	DATE		RE (OTHER THAN TAXPAYER)	DATE	
TITLE OF OFFICER	PHONE NUMBER	PREPARER'S ADDRESS	S AND ZIP CODE	FEIN OR PTIN	
MAKE CHECK PAYABLE TO "FINANCIAL INSTITUTION, P.O. BOX 898, JEFFERSON CITY, MO 65105-0		ED FORM AND ATTA	CHMENTS TO THE DIVISION	OF TAXATION AND COLL	EC-

MO 860-1719 (12-2001)